United Nations E/CN.9/2005/NGO/2

Economic and Social Council

Distr.: General
7 March 2005

Original: English

Commission on Population and Development
Thirty-eighth session
4-8 April 2005
Item 3 of the provisional agenda*
Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by World Population Foundation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

* E/CN.9/2005/1.

05-25971 (E) 220305

The Feminisation of Hiv/Aids

WOMEN ARE INCREASINGLY AFFECTED

1. At the 38th session of the Commission on Population and Development, we can conclude -besides the fact that the total number of people living with HIV has risen to reach its highest level ever (an estimated 40 million)-, the Aids epidemic is affecting women and girls in increasing numbers. Globally, just under half of all people living with HIV are female, whereas this figure was still at 12% in 1995. Women and girls make up almost 57% of all people infected with HIV in sub-Saharan Africa, where a striking 76% of young people (aged 15–24 years) living with HIV are female. In most other regions, women and girls represent an increasing proportion of people living with HIV, compared with five years ago.

THE FEMINISATION OF HIV/AIDS: more than a women's issue

2. There are several explanations for the feminisation of HIV/Aids, yet, the most important and effective areas of intervention are socio-economic and those in health care structures.

Low social status and lack of power

3. Women have, due to their physical vulnerability, an increased risk for infection. Besides this biological aspect, another reason is that women and girls do not have adequate information about Aids. A recent UNICEF survey found that up to 50% of young women in high-prevalence countries did not know the basic facts about AIDS.

4. Yet the vulnerability of women and girls to HIV infection stems not simply from nature or ignorance, but from a social aspect: their pervasive lack of power and low social status. Most women around the world become HIV-infected through their partner's high-risk behaviour, over which they have little if any control.

5. In many societies, men have the power to determine whether sex is safe or unsafe, forced or consensual, pleasurable or painful. Women, on the other hand, are expected to be ignorant about sex and passive in sexual interactions. For unmarried girls traditional norms of virginity are prevalent, meaning they cannot carry a condom because of the connotation "they are easy to get". For many men and boys, expectations are the complete opposite: they are supposed to be sexually active.

Isolation of HIV/Aids programmes

6. Due to the urgency of HIV/Aids and the public pressure to do a better job to fight the epidemic and make treatment available on a larger scale, larger HIV/Aids-specific programmes have started. These have often been set up isolated from the primary health care structure and sexual and reproductive health care programmes in particular. This could lead to pulling away (human) resources from the primary health care structure –including sexual and reproductive health-, and will eventually lead to the erosion of the overall health-care structure.

7. Further, given the fact that almost 80% of HIV cases are transmitted sexually and an additional 10% are transmitted from mothers to children during labour or delivery or through breastfeeding, linking HIV and reproductive health services is crucial in prevention. Obviously, this counts in particular for women as they are most vulnerable. At the same time, sexual and reproductive health services are not only important when aiming at prevention of HIV; they are also important for reducing unwanted pregnancy, unsafe abortion, maternal mortality and STI's. Further, they can improve women's social status and opportunities.

8. The practical implications of *not* linking both areas of prevention are problematic. One example is that a woman has to go to one clinic for a pregnancy test and to another for an HIV-test, which is not only unpractical and costly but it might also enforce the stigma related to HIV/Aids. This clearly has a relation with the feminisation of the Aids pandemic: HIV/Aids programmes haven't succeeded in or prioritised reaching out to girls and women.

9. People living with HIV (including women) have their sexual and reproductive health needs as well, whether they are treated for or not. They need counselling on safe sex, counselling related to contraception and pregnancy and specific services in this respect.

Successful integration of sexual and reproductive health services and HIV/Aids initiatives can result in reaching out to more groups of women who have access to a broader range of services and education via one entry-point and, at the same time, becoming more responsive to their needs.

RECOMMENDATIONS

10. Gender considerations are crucial in the fight against HIV/Aids, yet, they are hardly taken into account: empowerment of women is often seen as an issue of the women's movement, put aside as something marginal. However, the plight of women and children in the face of AIDS underlines the need for realistic

strategies that address the interplay between inequality -particularly gender inequality -, sexual and reproductive rights and HIV.

11. The realisation of sexual and reproductive rights counteracts the feminisation of HIV/Aids and the epidemic in general and contributes to the empowerment of all women and to a more equal and prosperous world.

12. In order to improve the sexual and reproductive health of all women, regardless of age, religion, culture, ethnicity or sexual orientation, the following concrete actions should be taken:

Concrete Actions Points should be:

- **Improve women's access to health care systems by the integration of HIV/Aids programmes and sexual and reproductive health services;**
- **Improve women's access to information on sexual and reproductive health, the prevention of unwanted pregnancy, HIV/Aids, STIs and sexual violence; and to services including safe abortion, counselling and treatment;**
- **Involve women living with HIV in the design of programmes to improve the services for this group of women;**
- **Invest more in the development and implementation of preventive measures that are friendly to women, such as microbicides;**
- **Link these action points to other criteria that empower women, such as the right to education and the right to health care for women; and the involvement of men.**